Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	07 /2 ***	Address:	1400 BOCK E. INDENIA ST
Date:	0 <u>7-08</u> -2008		EVANSULL, IN
Case #:	35 <u>F279</u> 47		
County:	VANDERSUNGS - 8Z		<u> </u>
Type of I	<u> Laboratory Seizure</u> (check one)	Seizure Location	(check all that apply)
_	itional Lab	Residence	☐ Hotel/Motel ☐ Open No Structure
X Chem	ical/Glassware/Equipment (only)	Outhuilding	Other:
Dump	osite (only)	▼ Vehicle	
Items Found: Location (bedroom, kitchen, open air, etc)			
(1 1-1) that apple			
🔀 Lithiu	um/Ammonia Reaction(s): (20)		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
	ydrous Ammonia:		
Hydrochloric Acid Gas Generator(s):			
Corp	osive Acid:		
Corr	osive Base:		
Othe	er (item and location):		
Child u	mder age 18 discovered (check one)	Investiga	tive Information frinc/Pseudoephedrine Tracking Log
Yes	(number present)	☐ Epiled	/Merchant Tip
₩n			
*If yes, f	ax report to Child Protective Services		e location:
This report is to be faxed to the following agencies that serve the location: Fax: 435-6335			
Fire Do	epartment: EFD	Fax: <u> </u>	135-5612
Health	Department: Vand Health	Fax:	
Child P	Protection Service:		
For fur Investi	ther information regarding this metham igating Officer: NW M. JOHNSON P	phetamine laborator hone <u>WZ-W</u> 7-Zo	ry, contact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the ease file, and a copy sent to the Claudestine Laboratory Team Leader for retention.